PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address or included unless corrected below or directed observation is Block 1, by (a) specifying a new correspondence address and off (b) indicating a reason of the production of the production of the patent of						
maintenance fee notifica	tions.	nerwise in Block 1, by (a) specifying a new cone	spondence address; an	usor (o) mutcating a sep	BIBLE FEE ADDRESS TO
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
26285	7590 09/29	V2010			-	
K&L GATES 210 SIXTH AV PITTSBURGH,	ENUE		I he Stat add tran	Certificate of Mailing or Transmission I hereby certify that this Fee() Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (371) 273-2885, on the date indicated below.		
						(Depositor's name)
			<u> </u>			(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.
10/631,243	07/31/2003		Kimberly D. Seaman		020420	1608
TITLE OF INVENTION: METHODS AND SYSTEMS FOR PROCESSING AND MANAGING CORPORATE ACTION INFORMATION						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE PE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	12/29/2010
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS			
EBERSMAN, BRUCE I		3691	705-035000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1363). Change of correspondence address for Change of Correspondence Address from PIOSB/123 attached. Tee Address "indication (or "Fee Address" Indication form PIOSB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patient front page, list (1) the names of up to 3 registered patient attorneys or agents OK, alternatively, (2) the name of a single firm (theving se a member a (2) the name of a single firm (theving se a member a (3) the name of a single firm (theving se a member a (4) the name of the printed. (5) the name of the printed. (6) the name of the printed. (7) the name of the printed. (8) the name of the printed. (8) the name of the printed. (9) the name of the printed name o			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
(A) NAME OF ASSI			data will appear on the priest. If an assignce is identified below, the document has been filed for I a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) PITTESBURGH, PENNSYLVANIA			
Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 🚨 Corporation or other private group entity 🚨 Government						
4a. The following fee(s) are submitted: 2 Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Psyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Psyment by recition and, Form PTO-2038 is attached. When Director is hereby authorized to change the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 21_1110 (ecolobre an extra copy of this form).			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.						
Authorized Signature	11/1/2	√			ber 20, 201	
Typed or printed name Michael D. Lazzara Registration No. 41,142						

This collection of information is required by 2 TCR, 1311. The information is required to obtain or retain a benefit by the public which is to file fault by the USPTO to precess an application. Confidentially is growered by \$15 U.S.C. 120 and \$7 URF 14.1 Mix collection is extrained to ask (2 Tamates to complete including gathering preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this brutch, asheed be sent to the Chief Information Officer. U.S. Patent and Trademark Office. U.P. Box 1450, Alexandria, Virginia 2213-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2213-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.